

Goals and Benchmarks Workgroup

Meeting Minutes: 12/17/08

Documents Provided: Draft copy of the MFP Project Goals and Benchmarks Operational Protocol and a list of ideas to enhance or increase Home and Community Based Services

Present: Doug Wegh, Hettinger County Social Services, Linda Wurtz, AARP, Bruce Murray, ND Protection and Advocacy, Bob Puyear-Bismarck, Shelly Peterson, ND Long Term Care Association, Linda Wright, ND Dept of Human Services, Aging Services Division, Jake Reuter, DHS, Money Follows the Person Grant Program Manager, Dolly Hoelmer, Outreach Worker, Valley City, Gloria Glasgow, Ward County Social Services, Dianne Sheppard, The ARC of ND.

1. Benchmark #5 related to the development of a crisis Intervention team/process by 6/30/08 for those individuals that have moved from a nursing facility was reviewed per the request of the MFP Stakeholder Committee.

It was noted that no service providers currently offer this type of service of HCBS Service providers as is the case for the system in place for individuals in the Developmental Disabilities system. Any support system would need to be developed or formalized to meet the benchmark as currently outlined.

The development of a coordinated process to address significant changes in service needs in order to sustain continued community placement is the primary goal of this benchmark.

The HCBS system does not have a formal plan to address challenging cases at this time but informally HCBS Case Managers have involved the State Medical Services office HCBS staff to seek out assistance for more challenging cases. The workgroup recommended that this informal process be formalized for use as the crisis intervention process for the grant.

The Crisis team should involve multidisciplinary team that would include the HCBS Case Manager, the Transition Coordinator, the State HCBS Program Manager, MFP Program Manager, and any other service providers that maybe able to assist in developing additional services or options as each individual situation dictates. These Local teams could include Human Service Center staff, outreach workers, nursing facility professionals etc. The consumer will need to be a part of this process to maintain the Person Centered planning aspect of service delivery. The grant manager will prepare the language for the adjusted benchmark and send out to the workgroup for review.

2. The issue of crisis beds was also discussed by the group. It was noted that an individual living in the community that as a "primary care provider" such as a family member would qualify for respite care in a nursing home. This continues to be of concern as other situations may require hospitalization for a health crisis or loss of QSP support. The

question of “Amending the rules” was raised related to this issue along with doing a pilot with one nursing home providing a back-up bed.

3. It is noted that ND Health Care Review is going to do some work related to the issue of re-hospitalizations. This will be done through St Alexius and Medcenter One in Bismarck. Opportunity to work with MFP participates to decrease hospitalizations.
4. Benchmark #2 will be adjusted to reflect the change in numbers of persons to be transitioned in 2008 and 2009.
5. Benchmark #3 related to the ADRC needs to be adjusted to reflect the current changes in the grant application and other similar dates.
6. It was suggested that under paragraph two of the OP that some examples be added to better explain the meaning of the statement that “ND will continue to support the efforts of ND nursing facilities to discharge those individuals that wish to discharge to their home.....” including that 1 in 4 individuals currently return home and 1 in 3 move to a lower level of care or about 1100 discharges occur each year from NF. The need to provide an example that this maybe a person that has had a broken hip and is now returning home will help clarify the intent of the statement.
7. It was suggested that paragraph seven related to the transition team be amended to reflect that the Developmental Center Transition team was established by the 2005 legislature. In addition the strategies or actions to improve the service delivery system for persons with a Development Disability need to more specifically outlined throughout the protocol.

It is noted that the enhanced quality of life for persons transitioned out of the Developmental Center should be emphasized vs. the cost savings. The need to increase community provider capacity should be highlighted along with the need to develop a crisis intervention and support system in the state. The need for an increase number of staff, increased expertise of staff, and an increase in pay for staff should be addressed as part of the need for “Staff enhancements”.

8. Under paragraph eight related to increasing the use of HCBS it was suggested that the SPED and Ex-SPED programs be listed under the community programs to support transitions. It was also noted that the services to be provided for individuals with a Developmental Disabilities were not adequately addressed in this section and need more explanation.
9. Paragraph eleven needs to reflect the other types of case managers that maybe involved such as SMI, DD, and HCBS etc. to be responsible to coordinate services.
10. Paragraph twelve related to additional customized services under the waiver will have the term and other funding sources added to reflect other options that will be pursued.
11. The issue of who would be primarily responsible for monitoring care after a transition from a nursing home was reviewed and it was recommended that the transition coordinator be the lead worker. The TC has to develop a support plan and monitor adjustment more frequently as part of the support plan.
12. Risk management planning that will be completed by the transition teams was reviewed. Reporting abuse/neglect by the QSP was noted to be of concern. The other support persons in the home such as volunteers, meals on wheels staff, will also report any concerns but these issues need to be reviewed with the NF residents prior to

transition. The Planning process related to risk assessment/mitigation and 24 hour backup was reviewed.

13. The need of marketing and outreach to potential consumers needs to be completed to address concerns about spending money on HCBS and other services.

14. Ideas to enhance/increase HCBS were reviewed by the workgroup to include:

- Expand the number of Adult Family Foster Care Homes-Currently there are only 80 homes in the state. Many former providers have “aged” out of the system but other concerns were payment levels to providers (\$1,700 per month), 365 24/7 commitment required, and lack of support system for providers. Need recruitment campaign
- Re-instatement of non-medical transportation as a service funded by SPED and Ex-Sped was offered as a means of addressing the serious transportation barrier
- Increase the number of home delivered meals allowed under the waiver from 3 to 7 per week
- Open the SPED and Ex-SPED programs to additional recipients by reducing the number of ADLs/IADL required to qualify-Provide an opportunity to delay placement into other services
- Address the cost issue of services by going back to the sliding fee scale used by Human Service Centers for the SPED program-this would eliminate the 2 fee scales currently being used.
- Increase the medically needy income levels
- Continue to provide inflationary rate increases for QSPs
- Make case management available statewide to any person needing long term care services (including private pay individuals)
- Propose legislation that would fund board and room costs for low-income persons in need of assisted living facilities.
- Will attempt to identify the priorities of the Olmstead Commission and the Adult Services Committee

15. The CMS sponsored stakeholder teleconference was held today and Bruce Murry of the workgroup participated on the call. He noted that a group calling themselves the “Voice of the Retarded” called in to discuss their support of continued institutional care. He also noted that this group has been in contact with the ND congressional members in Washington.

Next Meeting is set for March 25, 2008, 1pm to 5pm, AARP Offices, Bismarck, ND